

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004358

FILED VS JAN 9 1961

352

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Taney		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Taney	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Branson		c. CITY OR TOWN Branson	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Long Beach Road		d. STREET ADDRESS (If outside, give location) West Hwg. 148	
3. NAME OF DECEASED (Type or print) First LONNIE Middle LAYTON Last		4. DATE OF DEATH Month Jan. Day 1 Year 1961	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/13/02
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telephone		10b. KIND OF BUSINESS OR INDUSTRY Twin Lakes	11. BIRTHPLACE (City and state or country) Missouri
13a. FATHER'S NAME William Layton		14. NAME OF HUSBAND OR WIFE Jesse Compton Layton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Robert Layton Branson, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) gunshot wound in lower part of heart DUE TO (b) part of heart DUE TO (c) self inflicted PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH instant
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) shot himself in lower part of heart with 12 gauge shot gun	
20c. TIME OF INJURY Hour 11:45 a.m. / p.m. Month, Day, Year 1-1-61	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Long Beach road	20f. CITY, TOWN, OR LOCATION Branson
21. I attended the deceased from home , to home and last saw him alive on home . Death occurred at 11:45 am on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 1-3-61	
22a. SIGNATURE Walter Bobb Coronee Taney Co		22b. ADDRESS Branson, Mo	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 1/4/61	23c. NAME OF CEMETERY OR CREMATORY Ozark Mem. Park Cem.	23d. LOCATION (City, town, or county) (State) Branson, Mo
24. FUNERAL DIRECTOR Whelchel Chapel, Branson, Mo		25. DATE RECD. BY LOCAL REG. 1-4-61	26. REGISTRAR'S SIGNATURE Relew Campbell

JUN 7 1961

APR 26 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed (by me)

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Walter Cobb

Licensed Embalmer No. 4731

P. O. Address Princeton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.